

## Form for Hiring Authorities' Five Day CORI Submissions to DMH

**Instructions:** This is a form intended to show information required to be submitted by a vendor agency or other DMH hiring authority seeking to hire a candidate pursuant to DMH's CORI regulations (104 CMR 34.00). Additional sheets may be attached. The form is offered for convenience. Its use is optional. Hiring authorities may use their own forms or submission formats. Whether you elect to use this form or another form or format, you must provide all the required information. Please attach a cover letter summarizing the form and attached information. The form and information should be submitted to the **Massachusetts Department of Mental Health, Attn: CORI Coordinator, Privacy and Compliance Office, 25 Staniford Street, Boston, MA 02114.**

Vendor Agency / DMH Area: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### A. Candidate and Job Information:

Candidate name: \_\_\_\_\_

Title of position sought: \_\_\_\_\_

Work site or sites: \_\_\_\_\_

Job description for position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the job supervision that would be provided to the individual: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type and amount of unsupervised contact with agency clients expected for the individual: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Criminal History:**

Complete description of all criminal conviction(s) and related sentence(s): \_\_\_\_\_

---

---

---

---

---

Attach copy of the CORI report (DMH is authorized by the Criminal History Systems Board to receive such CORI reports).

Are the conviction(s) or the pending charge(s) on Table A, B, and/or C (check more than one if applicable)?

☐ Table A

☐ Table B

☐ Table C

**C. Justification for Hire:**

Does the vendor agency have an exemption from the five day review requirement?

☐ Yes

☐ No

☐ Not applicable

State why the candidate is appropriate for the position and why he or she does not pose a danger to the program's clients (the determination should reflect consideration of the time since the conviction; the age of the candidate at the time of the offense; the seriousness and specific circumstances of the offense; the relationship of the criminal act to the nature of the work to be performed; the number of offenses; any relevant evidence of rehabilitation or lack thereof; and any other relevant information): \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

Attach additional sheet(s) if necessary.

If the conviction is listed on the Lifetime Presumptive Disqualification table (Table A), attach a copy of the documentation from a Criminal Justice Official or a Qualified Mental Health Professional.

If not stated above, describe why this candidate is a good candidate for the position for which s/he is being considered: \_\_\_\_\_

---

---

---

---

---

---

---

---

**D. Employment Verification:**

Has the agency verified prior employment (in particular all social services jobs held during the prior five years)?

☐ Yes      ☐ No

Describe any relevant information that such verification revealed (in particular, if prior employment was in position where the individual had unsupervised contact with vulnerable clients, describe the circumstances and whether there were any related disciplinary problems during the employment): \_\_\_\_\_

---

---

---

---

**END**

Rev 12-11/03